

**PETITION TO MODIFY PARENTING  
TIME (“Visitation”)  
and CHILD SUPPORT**

**1**

**To Change an  
Existing Court Order for  
Parenting Time  
and Child Support  
When Parties Do Not Agree  
Filing the Court Papers  
(Forms Packet)**



## SELF-SERVICE CENTER

### TO CHANGE A COURT ORDER FOR PARENTING TIME (“Visitation”) *and* CHILD SUPPORT

#### FOR PETITIONER OR RESPONDENT

#### PART 1 -- THE COURT PAPERS (FORMS ONLY)

This packet contains court forms to file a petition to modify parenting time and child support. The documents should appear in the following order:

Order	File Number	Title	# Pages
1	DRMV1ft	Table of Contents (this page)	1
2	DRMV1k	Checklist: <i>You may use these forms if . . .</i>	1
3	DRSDS10f	<b><i>“Sensitive Data Sheet”</i></b>	1
4	DRMV11f	<b><i>“Petition to Modify Parenting Time and Child Support”</i></b>	4
5	DRMV82f	<b><i>“Order to Appear”</i></b>	1
6	DRS12f	<b><i>“Child Support Worksheet”</i></b>	2
7	DRCVG13f	<b><i>“Affidavit Regarding Minor Children”</i></b>	2

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## SELF-SERVICE CENTER

### PETITION TO MODIFY A COURT ORDER FOR PARENTING TIME ("VISITATION") and CHILD SUPPORT

#### CHECKLIST

*You may use the forms and instructions in this packet if . . .*

- ✓ You want to change parenting time and child support, AND
- ✓ You do not wish to or cannot submit an AGREEMENT to this change signed by you and the other party , AND
- ✓ The court order that you want to change is a Maricopa County Order, AND
- ✓ It is in the child(ren)'s best interest to make a change to that order, AND
- ✓ You are aware of the following two provisions of Arizona law:
  1. The court shall not restrict a parent's parenting time rights unless it finds that the parenting time would endanger seriously the child's physical, mental, moral or emotional health. **A.R.S. 25-411 (C)**
  2. The court shall assess attorney fees and costs against a party seeking modification if the court finds that the modification action is vexatious and constitutes harassment. **A.R.S. 25-411 (F)**

**× YOU MAY NOT USE THESE FORMS TO CHANGE CUSTODY.\***

\*If you want to change from joint to sole custody or sole to joint custody, refer to the checklist in the Self-Service Center's "Request" or "Agreement" "to Modify Custody, Support, and Parenting Time" packets to see if either fits your situation.

**WARNING: If the order you want to change is not from this county, ask a lawyer about the requirements to file your Petition (Request) with this Court.**

**READ ME:** Before filing documents with the Court, consult a **lawyer** to help guard against undesired and unexpected consequences. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site at: <http://www.superiorcourt.maricopa.gov/ssc/provider/lawyers.asp>

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_  
 Representing: ☐ Self ☐ Petitioner ☐ Respondent  
 (If Attorney) State Bar Number: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

_____ Petitioner	<b>Case No.</b> _____  <b>ATLAS No.</b> _____  <b>SENSITIVE DATA SHEET</b> (Not public record)
_____ Respondent	

**Fill out. File with Clerk of Court. Omit Account Numbers and Social Security Numbers**  
 (except on "Orders of Assignment") when requested on other forms.

### A. Personal Information:

	Name	Date of Birth <small>(Month/Day/Year)</small>	Social Security Number
Petitioner:	_____	_____	_____
Respondent:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____

### B. Financial Account Numbers (including credit cards, financial and investment accounts, debts):

Financial Institution	Type of Account	Name(s) of Account Owner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### C. Pension and Retirement Accounts (including IRAs, 401Ks):

Financial Institution	Type of Account	Name(s) of Account Owner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### D. Life Insurance Policies:

Insurance Company	Type of Policy	Name(s) of Policy Owner	Policy #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Person Filing:

In this case I am:

☐ Petitioner ☐ Respondent ☐ 3<sup>rd</sup> Party

In this case I am:

☐ Representing Myself (No Attorney), or

If Represented by Attorney:

Attorney Bar Number: \_\_\_\_\_

My Address (if not protected): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

ATLAS Number (if applicable): \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner (in original case)

Case Number: \_\_\_\_\_

### PETITION TO MODIFY CHILD PARENTING TIME ("Visitation") and CHILD SUPPORT

\_\_\_\_\_  
Name of Respondent (in original case)

I, \_\_\_\_\_ am the ☐ Petitioner or ☐ Respondent or ☐ Other Party  
(print your name) and make the following statements to the Court:

#### GENERAL INFORMATION:

##### 1. Information about Me, the person filing (requesting) this modification:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

How *I* am related to child(ren) for whom the PARENTING TIME order should be changed:

☐ Mother or ☐ Father or ☐ Other: (explain) \_\_\_\_\_

##### 2. Information about Other Parent: (if the person filing this modification is one of the parents.) (If someone *other than* one of the parents is filing this request, then list the information about one of the parents, then the information about the other parent below.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

How *this party* is related to child(ren) for whom the PARENTING TIME order should be changed:

☐ Mother or ☐ Father

**Information about the Other Parent or Other Party** (if there is a non-parent involved the case  
*other than* the person whose information has already been listed in (1) above) :

Name: \_\_\_\_\_

Address: \_\_\_\_\_

How *this party* is related to child(ren) for whom the PARENTING TIME order should be changed:

☐ Mother or ☐ Father or ☐ Other: (explain) \_\_\_\_\_

**3. Information About the Child(ren) for whom I want the Order changed:**

<b>Name:</b> _____	<b>Name:</b> _____
Birth Date: _____ Age: _____	Birth Date: _____ Age: _____
<b>Name:</b> _____	<b>Name:</b> _____
Birth Date: _____ Age: _____	Birth Date: _____ Age: _____

☐ There are more than four (4) children. I have attached a separate page titled "Information about the Children for whom I want the Order Changed", listing this same information for all.

**4. Affidavit Regarding Minor Children.** ☐ The children have resided in Arizona since the entry of the last Arizona Custody Order **or** (if not) ☐ I have attached an "Affidavit Regarding Minor Children".

**5. Information about the Order I want to change:**

The Order was issued on: \_\_\_\_\_ (Month/Day/Year)  
 The Order was issued by: \_\_\_\_\_ (Name of Court)  
 Located in this County: \_\_\_\_\_ (Name of County)  
 Located in this State: \_\_\_\_\_ (Name of State)

And each of the following is a true statement:

- The child(ren) have lived in Arizona for at least six (6) months before the date I am filing this Petition or since birth, if younger than six (6) months.
- If the Order was not issued by the Superior Court of Arizona in this county, the case has already been transferred to this county and has a Maricopa County case number.

**WHAT YOUR ORDER NOW SAYS:** Put in **WORD FOR WORD** the part of the decree/order you want to change. (Use extra paper if necessary) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. DOMESTIC VIOLENCE.** ☐ No significant domestic violence has occurred, **or** ☐ domestic violence has occurred. Explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**7. WHY THE DECREE/ORDER SHOULD BE CHANGED:** These are my reasons why I believe that a change of parenting time is in the best interest of the child(ren) (Use extra pages if necessary): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**8. MEDIATION / ADR (Alternative Dispute Resolution) REQUIREMENTS IN PRIOR ORDER:**

- ☐ The current Court Order *does not* require the parties to pursue Mediation or ADR before filing to modify (change) custody or parenting time ("visitation"). **OR**
- ☐ The current Court Order *does* require the parties to pursue Mediation or ADR before filing to modify custody or parenting time, and this is what I/we have done to comply with that requirement:

**REQUESTS I MAKE TO THE COURT:****A. PARENTING TIME** to the ☐ **Mother** or ☐ **Father** or ☐ **Other** (non-parent)

1. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the Maricopa County Parent/Child Parenting time/Access Guidelines; **OR**
2. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the attached Parenting Plan; **OR**
3. ☐ **Supervised parenting time** but only in the presence of another person; **OR**
4. ☐ **No parenting time** rights to ☐ **Mother** or ☐ **Father** or ☐ **Other**  
Supervised parenting time or no parenting time is requested for the following reasons: \_\_\_\_\_

(**Only** use this section below if needed because there is a 3<sup>rd</sup> (third) party *in addition to* the parents involved in this case) **PARENTING TIME** to the ☐ **Mother** or ☐ **Father** or ☐ **Other** ("visitation" if to non-parent) **as follows:**

1. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the Maricopa County Parent/Child Parenting Time Guidelines; **OR**
2. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the attached Parenting Plan; **OR**
3. ☐ **Supervised parenting time** but only in the presence of another person; **OR**
4. ☐ **No parenting time** rights to ☐ **Mother** or ☐ **Father** or ☐ **Other**  
Supervised parenting time or no parenting time is requested for the following reasons: \_\_\_\_\_

The costs of travel related to parenting time/visitation over 100 miles one way shall be shared as follows:

**Mother** \_\_\_\_\_ % **Father** \_\_\_\_\_ %

**B. CHILD SUPPORT.** ☐ **Mother** or ☐ **Father** should pay child support to ☐ **Mother** or ☐ **Father** or ☐ to **Other** party in the amount of \$ \_\_\_\_\_ per month on the first day of every month, beginning the first day of month following the filing of this Petition based upon the attached "**Child Support Worksheet**." All child support payments should be made through the Support Payment Clearinghouse, and will be subject to an applicable statutory fee through an automatic Order of Assignment.

**C. MEDICAL, DENTAL, VISION CARE.**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Mother</b> should be responsible for providing:      | <input type="checkbox"/> medical <input type="checkbox"/> dental <input type="checkbox"/> vision care insurance. |
| <input type="checkbox"/> <b>Father</b> should be responsible for providing:      | <input type="checkbox"/> medical <input type="checkbox"/> dental <input type="checkbox"/> vision care insurance. |
| <input type="checkbox"/> <b>Other Party</b> should be responsible for providing: | <input type="checkbox"/> medical <input type="checkbox"/> dental <input type="checkbox"/> vision care insurance. |

Case No. \_\_\_\_\_

Mother and Father will pay for all reasonable unreimbursed medical, dental, and health-related expenses incurred for the child(ren) in proportion to their respective incomes.

**D. FEDERAL INCOME TAX DEDUCTION.**

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

**E. OTHER ORDERS.** I request further Orders relating to this matter as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. OATH OR AFFIRMATION AND VERIFICATION**

I swear or affirm that the information on this document is true and correct under penalty of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to or Affirmed before me this: \_\_\_\_\_ by \_\_\_\_\_  
(Date) Printed Name of Person Who Signed

Seal / My Commission Expires: \_\_\_\_\_  
Deputy Clerk or Notary Public



# SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner (in original case)

Case Number \_\_\_\_\_

ATLAS Number \_\_\_\_\_

\_\_\_\_\_  
Name of Respondent (in original case)

## ORDER TO APPEAR REGARDING PETITION TO MODIFY PARENTING TIME ("VISITATION") AND CHILD SUPPORT

**This is an important Court Order that affects your rights. Read this Order carefully. If you do not understand this Order, contact a lawyer for legal advice.**

Based on the *"Petition to Modify Parenting Time or Parenting Time and Child Support,"* and pursuant to Arizona law,

### IT IS ORDERED THAT YOU

(Names) \_\_\_\_\_  
appear at the time and place stated below so the Court can determine whether the Petition should be granted.

**NAME OF JUDICIAL OFFICER:** \_\_\_\_\_

**DATE AND TIME OF HEARING:** \_\_\_\_\_

**PLACE OF HEARING:** Maricopa County Superior Court

**ADDRESS:** \_\_\_\_\_

**AMOUNT OF TIME FOR HEARING:** This is a 15 minute proceeding with the court. The court will determine if more time is needed. All parties, whether represented by attorneys or not, **must** be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who **does** appear. If the petition seeks to establish, modify or enforce child support, and you fail to appear as ordered, a child support arrest warrant may be issued for your arrest.

2. That a true copy of this ***"Order to Appear"*** and a true copy of the Petition, Affidavits, and related documents filed with the Petition shall be served by process server or sheriff by the moving party on the responding party no later than \_\_\_\_\_, and in accordance with Rule 40-43, and 47, Arizona Rules of Family Law Procedure.
3. The responding party may file a ***"Response and Opposing Affidavit(s)"*** by \_\_\_\_\_ (date). Copies of the ***"Response and Opposing Affidavit(s)"*** **must** be served on the moving party or if the moving party is represented by an attorney, on the attorney, by mail or otherwise in accordance with Rule 43, Arizona Rules of Family Law Procedure

**DONE IN OPEN COURT:** \_\_\_\_\_

\_\_\_\_\_  
**Judge/Commissioner of the Superior Court**

(1) Name of Person Filing : \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_  
 In this case I am ☐ Petitioner or ☐ Respondent Or ☐ represented by Attorney  
 (IF) Attorney, Name: \_\_\_\_\_ Bar No.: \_\_\_\_\_  
 Atty. Email: \_\_\_\_\_ Atty. Phone: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 IN MARICOPA(2) COUNTY**

**PARENT'S WORKSHEET FOR CHILD SUPPORT**

(3) Petitioner \_\_\_\_\_ (4) Case No. \_\_\_\_\_

(3) Respondent \_\_\_\_\_ (4) ATLAS \_\_\_\_\_

(5) Total Number of Children: \_\_\_\_\_

(6) Parent with Primary Custody: Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

- ☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.  
☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.  
☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 4e).

	<b>FATHER</b>		<b>MOTHER</b>
<b>Gross Income</b> (Pre-Tax Income. Before deductions.)	\$ _____	(9)	\$ _____
Spousal Maintenance Paid	\$ -	(10)	\$ -
Spousal Maintenance Received	\$ +	(11)	\$ +
Child Support Paid/Contributed	\$ -	(12)	\$ -
Support of Other Children Paid	\$ -	(13)	\$ -
<b>Adjusted Gross Income</b>	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)	\$	_____
<b>Basic Child Support Obligation</b>	(16)	\$	_____
<b>Plus Costs for:</b>			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21)	\$	_____
Total Adjustments for Costs	(22)		_____
Total Child Support Obligation	(23)	\$	_____

	<b>FATHER</b>		<b>MOTHER</b>	
Each Parent's % of Combined Income	_____	% (24)	_____	%
Each Parent's Share of Tot. Support Obligation	\$ _____	(25)	\$ _____	

**Adjustment for Non Custodial Parent's Costs Associated with Parenting Time**Using Table A ☐ Table B ☐ (26)

No. of Days \_\_\_\_\_ = \_\_\_\_\_% Adjustment (from table)

x Line (16) \$ \_\_\_\_\_ (Basic Child Support Obligation) \$ \_\_\_\_\_ (27) \$ \_\_\_\_\_

**Less Noncustodial Parent's Costs for:**

Medical/Dental/Vision Insurance\* \$ \_\_\_\_\_ (28) \$ \_\_\_\_\_

Childcare\* \$ \_\_\_\_\_ (29) \$ \_\_\_\_\_

Education Expenses\* \$ \_\_\_\_\_ (30) \$ \_\_\_\_\_

Extraordinary/Special Needs Child Expenses\* \$ \_\_\_\_\_ (31) \$ \_\_\_\_\_

\*Subtract here ONLY if ADDED-IN items 17-20 above

Adjustments Subtotal \$ \_\_\_\_\_ (32) \$ \_\_\_\_\_

Preliminary Child Support Amount \$ \_\_\_\_\_ (33) \$ \_\_\_\_\_

**Self Support Reserve Test for Parent Who Will Pay**

Amount from Line (14) (Adj. Gross Inc.)

Minus Reserve Amount - \$775

Total = \$ \_\_\_\_\_ (34) \$ \_\_\_\_\_

Child Support to be Paid by: Father ☐ Mother ☐ \$   (35) \$  

Share of Travel Expenses Related to Parenting Time\* \_\_\_\_\_ % (36) \_\_\_\_\_ %

\*Only for expenses related to travel over 100 miles, one way.

Share of Medical/Dental/Vision Costs Not Paid by Insurance \_\_\_\_\_ % (37) \_\_\_\_\_ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Parent

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, and Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Atlas Number (if applicable): \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without Attorney) OR  
 Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

\_\_\_\_\_  
 Name of Petitioner

Case Number: \_\_\_\_\_

and

### AFFIDAVIT REGARDING MINOR CHILDREN

\_\_\_\_\_  
 Name of Respondent

**NOTICE:** This "Affidavit Regarding Minor Children" is required for all custody cases. You must fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

1. **CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD.** The following child(ren) are under age 18 and were born to, or adopted by, me and the other party.

Name \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

2. **INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS.**

Child's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Lived with: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Lived with: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Lived with: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_

3. **COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE CUSTODY PARENTING TIME OF THE CHILD(REN).** (Check one box.)

☐ I have or ☐ I have **not** been a party/witness in court in this state or in any other state that involved the custody parenting time of the child(ren) named above. (If so, explain on separate paper,. If not, go on.)

Case No. \_\_\_\_\_

Name of each child: \_\_\_\_\_  
Name of Court: \_\_\_\_\_ Court Location: \_\_\_\_\_  
Court Case Number: \_\_\_\_\_ Current Status: \_\_\_\_\_  
How the child is involved: \_\_\_\_\_  
Summary of any Court Order: \_\_\_\_\_

**4. INFORMATION REGARDING PENDING COURT CASES RELATED TO THE CUSTODY OF THE CHILD(REN).** (Check one box.)

☐ I do have or ☐ I do not have information about a custody parenting time court case relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)

Name of each child: \_\_\_\_\_  
Name of Court: \_\_\_\_\_ Court Location: \_\_\_\_\_  
Court Case Number: \_\_\_\_\_ Current Status: \_\_\_\_\_  
How the child is involved: \_\_\_\_\_  
Summary of any Court Order: \_\_\_\_\_

**5. CUSTODY OR PARENTING TIME CLAIMS OF ANY PERSON.** (Check one box.)

☐ I do know or ☐ I do not know a person other than the Petitioner or the Respondent who has physical custody or who claims custody or parenting time rights to any of the children named in this Affidavit. (If so, explain below. If not, go on.)

Name of each child: \_\_\_\_\_  
Name of person with the claim: \_\_\_\_\_  
Address of person with the claim: \_\_\_\_\_  
Nature of the claim: \_\_\_\_\_

**OATH OR AFFIRMATION AND VERIFICATION**

**I swear or affirm that the information on this document is true and correct under penalty of perjury.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to or Affirmed before me this: \_\_\_\_\_ by \_\_\_\_\_  
(date)

My Commission Expires: \_\_\_\_\_  
Deputy Clerk or Notary Public